



Texas Department of Health
Bureau of Environmental Health
Complaint/Technical Assistance Request
Form

Co. _____

No. _____

General Sanitation	<input type="checkbox"/> Youth Camp <input type="checkbox"/> Pool <input type="checkbox"/> Migrant Housing <input type="checkbox"/> Field San. <input type="checkbox"/> Lodging <input type="checkbox"/> School <input type="checkbox"/> Child Care <input type="checkbox"/> Vector <input type="checkbox"/> Other									
T.S.C.D.	<input type="checkbox"/> Asbestos <input type="checkbox"/> Hazard Communications <input type="checkbox"/> Indoor Air <input type="checkbox"/> Industrial Hygiene <input type="checkbox"/> Lead <input type="checkbox"/> Other									
Product Safety	<input type="checkbox"/> Bedding <input type="checkbox"/> Glue & Paint <input type="checkbox"/> Playground Safety <input type="checkbox"/> Other									
Form of Request/Complaint	<input type="checkbox"/> Telephone <input type="checkbox"/> Written <input type="checkbox"/> Facsimile <input type="checkbox"/> E-Mail <input type="checkbox"/> Visit <input type="checkbox"/> Referral from:									
Person Requesting Assistance										
Address						Telephone Number				
City					State	Texas	Zip			
Request/Complaint Site: Owner/Establishment										
Address						Telephone Number				
City		Zip		Co.		Region		Lic/Reg#		
Description of Complaint/Request:										
Person Receiving Complaint/Request							Date			
Referred to:							Date			
Investigated By:							Date			
Disposition and Action Taken:										

Follow-up Inspection?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	When?	Notice Given?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Days
Signed:				Title				Date	
Reviewed by:				Title				Date	